



Appendix E

DOT Regulated Drug & Alcohol Testing Records Release of Information Form

Section I: To be completed by the City of Kenosha, signed by the applicant/employee, and transmitted to the applicant/employee's previous employer(s).		
Printed or Typed Name:		SSN:
<p>I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the City of Kenosha. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT regulated testing items:</p> <ul style="list-style-type: none"> • Alcohol tests with a result of 0.04 or higher; • Verified positive drug tests; • Refusals to be tested; • Other violations of DOT agency drug and alcohol testing regulations; • Information obtained from previous employers of a drug and alcohol rule violation; • Documentation, if any, of completion of the return-to-duty process following a rule violation. 		
Signature:		Date:
I-A Employer Name: City of Kenosha		
Address: 625 52 nd Street, Room 205 Kenosha, WI 53143		
Telephone Number: (262) 653-4130		Fax: (262) 653-4127
Designated Employer Representative: Human Resources Department/Director of Human Resources – Steve Stanczak		
I-B Previous Employer Name:		
Address:		
Telephone Number:		
Designated Employer Representative (if known):		
Section II: To be completed by the previous employer and transmitted by mail or fax to the new employer		
II-A		
In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:		
1. Did the employee have alcohol tests with a result of 0.04 or higher?	Yes	No
2. Did the employee have verified positive drug tests?	Yes	No
3. Did the employee refuse to be tested?	Yes	No
4. Did the employee have other violations of DOT agency drug & alcohol testing regulations?	Yes	No
5. Did a previous employer report a drug and alcohol rule violation to you?	Yes	No
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?	Yes	No
<i>Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (i.e. SAP reports, follow-up testing record).</i>		
II-B		
Name of person providing information in Section II-A:		
Title:		
Telephone Number:		Date: